

**SAN ANTONIO UNIFORMED SERVICES HEALTH EDUCATION CONSORTIUM
(SAUSHEC)
DUE PROCESS POLICY
FOR RESIDENTS IN GRADUATE MEDICAL EDUCATION PROGRAMS**

I. General.

A. This document outlines the SAUSHEC processes for residents who encounter academic, technical, and/or professional conduct problems in achieving the Knowledge, Skills and Attitudes required of an independent practitioner in the domains of the 6 General Competencies of the ACGME based on determinations using appropriate evaluation tools. The procedures prescribed herein apply to program level remediation, Dean's administrative remediation, academic probation, extension of training, and termination from training. These procedures present a sequence of corrective action emphasizing due process, thorough documentation of all actions, and timeliness of the process.

B. These procedures must be applied uniformly and fairly by the Graduate Medical Education Committee (GMEC) to all residents and faculty in each SAUSHEC program. The SAUSHEC institutional due process policy applies to all residents in training programs for issues relating to professional or academic performance regardless of the sponsoring uniformed service. Issues of misconduct &/or noncompliance with uniformed service regulations will also be reviewed according to the policies of the resident's commander and sponsoring uniformed service.

C. Upon entry into a training program, the resident will be provided a copy or WEB address of this due process policy and will sign a statement acknowledging receipt of information about this policy. This signed statement will be maintained in the resident's training file.

D. Resident's will be kept fully informed at each step of academic remediation. A resident's refusal to acknowledge receipt of written remediation recommendations during any process prescribed herein will be recorded in writing but will not result in a delay of any recommended action or proceeding.

II. Definition of Terms. These terms are defined to conform to the administrative structures of SAUSHEC.

A. SAUSHEC is the GME consortium of Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC) that was created to administer and manage military GME programs in San Antonio. SAUSHEC is the ACGME- recognized sponsoring institution for all military GME programs in San Antonio.

B. Dean, SAUSHEC. The institutional official having the authority and the responsibility for oversight and administration of SAUSHEC GME programs. He/she is also the ACGME- Designated Institutional Official (DIO) for GME for the consortium.

C. Associate Dean for GME, SAUSHEC. Both BAMC and WHMC have Associate Deans for GME. Working under the direction of the Dean, these individuals will be the on-site, day-to-day managers of GME issues at their respective institutions.

D. Decision Authority. An individual/committee designated in institutional documents as having initial approving authority for adverse actions. The decision authority at SAUSHEC for academic actions is the GMEC.

E. Appellate Authority. An individual designated in institutional documents as having final SAUSHEC authority for an adverse action. The SAUSHEC appellate authority for probations and extensions of training is the Dean. For a termination the SAUSHEC appellate authority is the medical treatment facility (MTF) commander (or designee) of the resident's sponsoring uniformed service. As the Dean is an appellate authority for probation and extensions and is involved in the appeals process for termination, he/she will not vote on these academic actions at the GMEC nor will he/she chair the GMEC during these actions. An Associate Dean or senior GMEC member will chair the GMEC when considering these academic actions.

F. Graduate Medical Education Committee (GMEC). The institutional committee composed of the Dean, Associate Deans, program directors from each program, resident representatives and other SAUSHEC faculty whose charter is to monitor and advise on all aspects of SAUSHEC GME. To conduct business, the GMEC must have a quorum which is defined as having 50 percent of its voting membership present.

G. Institutional Documents/Policies. The organizational documents/policies that define the structure, processes, chain of authority and accountability for SAUSHEC.

H. SAUSHEC MTF and MTF commander. A military treatment facility (hospital) in which SAUSHEC Graduate Medical Education training occurs. Each SAUSHEC MTF has a commander with military administrative responsibility for the uniformed service faculty and residents assigned to his/her command.

I. Uniformed Service. SAUSHEC residents are active duty officers of the Uniformed Services (Army, Air Force, or Navy). Residents on active duty are governed by the SAUSHEC GME policies as well as by rules and regulations of their respective uniformed service.

J. Program training committee. Each SAUSHEC GME program will utilize a program training committee comprised of key faculty members and, when appropriate, resident representatives. The program director or designee will chair this committee which will assist him/her in developing program curricula, policies and evaluation of the program and which will participate in managing residents who may not be meeting program or military standards.

K. Remediation plan. Counseling, program level remediation, Dean's administrative remediation, probation and extension of training are all considered remediation plans designed to

help a resident meet program and/or military standards of the Knowledge, Skills and Attitudes required in the domains of the 6 General Competencies of the ACGME.

L. Adverse actions. Probation, extension in training (for academic problems), and termination from training indicate the resident has or had significant difficulty in achieving the Knowledge, Skills and Attitudes required in the domains of the 6 General Competencies of the ACGME and may be considered reportable adverse actions by many state licensing boards, hospital credential committees and/or by the National Practitioner Data Bank. Decisions on reporting adverse actions to state or national agencies are usually made by the office of the Surgeon General for the Army and Air Force. Formative evaluations to include rotation evaluations, counseling at the program level and program level remediation are not considered reportable adverse actions (even if they have “negative” comments) since they have not been peer reviewed by the GMEC.

M. Faculty Board. A board of faculty members that are assigned by the Dean to serve as members of a formal resident hearing. (See paragraph XI.)

III. Program Director Responsibility Program directors are responsible for compliance with the requirements prescribed in this Due Process policy to include:

A. Ensuring a training file is maintained for each resident by the Program Director.

B. Ensuring a SAUSHEC training agreement is signed by each resident prior to entry into a GME program and ensuring it is maintained in the resident’s training file.

C. Ensuring the program has an effective program training committees system to assist in management and improvement of the program and to assess the performance of the residents and developing remediation recommendations for residents who are not meeting standards.

D. Ensuring residents are provided with written educational goals and objectives specific to each training year that outline the Knowledge Skills and Attitudes that are expected of the resident in each of the 6 General Competencies.

E. Ensuring that the program has an evaluation system in place that identifies as early as possible residents with deficiencies in Knowledge, Skills, and Attitudes in each of the ACGME six General Competencies or compliance with military service regulations such as those specifying weight, physical fitness, licensure, etc. The evaluation system must ensure that residents are given competency based written performance evaluations using reliable evaluation tools at appropriate intervals that document whether the resident is achieving the educational goals of the program. The frequency of the written evaluations must satisfy the requirements of the Program’s Residency Review Committee but at a minimum they must be performed semi-annually.

F. Ensuring that a remediation plan is initiated and counseling with the resident documented when a resident with significant deficiencies in Knowledge, Skills, or Professional Attitudes or noncompliance with military service requirements is identified.

G. Ensuring patient, resident and institutional safety and integrity. The program director with his/her program training committee will immediately investigate any allegation of unethical behavior, unprofessional conduct, resident health problems or concerns that the resident cannot safely engage in patient care at the level expected at his/her stage of training. If, during an interview a resident begins to disclose information that indicates a violation of the Uniform Code of Military Justice (UCMJ) may have occurred, the program director will halt the interview immediately, apprise the individual of his/her rights against self-incrimination and immediately contact the proper military legal and command authorities. In addition to notification of proper chain of command authorities for administrative or legal action, the issue must be presented to the GMEC for consideration of academic adverse action. After the circumstances are reviewed, the program director and training committee must determine what the residents training status should be pending final decision by the GMEC or the administrative/legal investigation. They may either allow the resident to continue in his/her duties, or may restrict or suspend the resident's training status and patient care activities pending final decisions by the GMEC and or the Commander. Any adverse academic action must afford due process in accordance with this policy document. The resident will be advised that this issue will be reviewed by the GMEC and will be given a copy of this due process policy. The Dean will schedule a time to review this proposed action at the next regularly scheduled GMEC meeting or an ad hoc meeting of the GMEC.

1. If the Program Director and training committee feel the resident can be allowed to continue in his/her duties pending GMEC or Command investigation, the program director must record in the resident training file the allegation and the results of the inquiry reflecting confidence in the resident's ability to perform all his/her duties and must so inform the Dean and the appropriate Department Chair(s) where the resident will be training and/or who has chain of command authority over the resident.

2. If the program director and training committee decide to restrict or suspend the resident's training status and patient care activities during the investigation(s), the program director must notify the resident in writing that his/her training status and patient care activities are restricted or suspended and must specify the deficiencies, acts, or circumstances for which restriction or suspension from training status is imposed; notify, in writing, the clinical department head to whom the resident is assigned that the resident's training status and patient care activities are restricted or suspended; and submit a written record of the allegation, inquiry and plan for restriction/suspension to the Dean that documents that the resident and appropriate Department Chair(s) have been informed of this decision.

IV. Documentation of Resident Performance. Documentation begins with annual counseling of competency based educational goals and objectives followed by written performance evaluations from the program director and faculty describing the success of the resident in achieving the goals and objectives of the program.

A. Assessment of the resident's performance should consider the progressive development, under supervision, of the Knowledge, Skills, and Attitudes in the domains of the ACGME six

General Competencies required for safe, effective and compassionate patient care commensurate with the resident's level of training and responsibility.

B. When progress is below program standards, the program director must assess:

1. Adequacy of clinical and academic experiences in the program.
2. Adequacy of supervision and teaching and scholarly activity in the program.
3. Adequacy of the resident's personal learning program for professional growth with guidance from the teaching staff.
4. Adequacy of the resident's full participation in the educational and scholarly activities of the program.
5. Assess whether there are any underlying issues that may be contributing to the resident's failure to achieve standards.

V. Remediation Plans. Education programs require flexibility in program structure and design to maximize the chances of success for each individual resident to achieve competence. Residents should be evaluated and given feedback, counseling and faculty assistance to overcome deficiencies. Any academic remediation action will be thoroughly discussed with the resident, documented in writing and made part of the resident training file. When the program director and the program training committee identify residents whose academic, professional or military performance fails to meet expected standards of Knowledge, Skills or Attitudes of a competency, they must develop a written remediation plan that will outline what competencies are not being met and what is needed to get the resident back on track. The remediation plan will include objective criteria by which improvement can be judged, the time period for the remediation, the resources available to help the resident and the consequences of not fixing the problem in the time allowed. The resident will sign acknowledgement of receipt of this remediation plan. Residents may be considered for different levels of remediation to include program level remediation, GMEC approved probation, or extension in training based upon any of the following:

- A. Failure to meet academic or technical competency based performance standards or objectives of the training program.
- B. Lack of application to include--but not limited to—unexcused absences, tardiness, and/or failure to perform clinical duties in a timely or adequate fashion.
- C. Conduct considered unprofessional that directly affects the practice of medicine, conduct of the training program or performance of military duties.
- D. Failure to meet professional or administrative (military, GME or hospital) responsibilities, such as those prescribing military standards for weight, physical fitness and state

licensure; hospital requirements to have BLS certification and GME requirements to complete certain paper work etc.

E. Incident of gross negligence or willful misconduct including a violation of the UCMJ.

VI. Program Level Remediation. Program level remediation allows for correction of deficiencies without GMEC approved probation and should be preceded by documented written counseling between the resident and the program director/program training committee.

A. In general, program level remediation precedes formal probation except in cases of gross negligence or willful misconduct, which can be referred to the GMEC for immediate consideration of probation or termination.

B. A program level remediation plan should not exceed 60 days nor be extended or repeated without discussion with the Dean or an Associate Dean.

C. The program director will provide the resident with clear, written program level remediation plan that will include the following:

1. Description of specific competency deficiencies and previous efforts (counseling) to fix them.
2. Methods and resources to be used to improve the noted deficiencies.
3. List of objective measures that must be achieved to be removed from program level remediation.
4. Restrictions or conditions placed on the resident during the remediation period.
5. Time frame for documentation of improvement, usually not to exceed 60 days.
6. Consequences of not fixing the deficiencies in the allotted time.

D. The program director will offer the resident practical assistance including, when appropriate, mental health counseling, to maximize the chances of achieving the goals of the remediation plan and will designate a faculty advisor (which in small programs could be the Program Director) to assist the resident during remediation.

E. The program director will ensure that the resident understands the deficiencies as well as requirements for improvement and consequences of not fixing the problem. The resident will sign a statement acknowledging receipt of the program level remediation plan. This signed statement will be maintained in the resident's training file.

F. Program level remediation is considered formative feedback and is not an adverse academic action that must be reported by the program or the resident to outside agencies.

VII. Dean's Administrative Remediation.

A. When a resident who is otherwise doing well in his/her academic training fails to meet certain administrative milestones required by military or civilian regulatory agencies, e.g., failure to take and/or pass the USMLE; failure to obtain an unrestricted state medical license within 2 years of medical school graduation; or persistent failure to meet military requirements, he/she will automatically be placed on administrative remediation by the Dean. This level of remediation can also be requested by a program director for academic deficiencies that have not been corrected by program level remediation but do not yet warrant GMEC approved remediation. In this case the program directors proposal will be reviewed and approved by the GMEC.

B. Administrative remediation will generally be for a period of three months or less. When the resident completes the administrative requirement or meets academic standards, he/she will be returned to normal training status and his/her administrative record expunged.

C. If the resident fails to meet the administrative remediation requirement in the allotted time, the resident will be considered for an extension if he/she is making a good faith effort to complete the requirement but has not been successful due to factors beyond his/her control. If the resident is not making a good faith effort to complete the requirement at 3 months or has been unable to complete the requirement after one extension, he/she will be brought before the GMEC for consideration of probation, extension of training or termination.

VIII. Probation. (See also Appendix I.)

A program director may propose probation for a resident after a period of program level remediation or Dean's Administrative remediation, after persistent uncorrected poor performance/attitude, or after a single incident of gross negligence or willful misconduct. Probation is a GME approved supervised remediation plan to assist the resident in understanding and correcting significant deficiencies in Knowledge, Skills or Attitudes in the General Competencies. The period of probation generally will be at least 30 days and usually will not exceed three months (note probation periods will usually extend 5 working days beyond a scheduled GMEC). On the recommendation of the program director the GMEC may vote to extend the term of probation for a period not to exceed an additional 3 months (note probation extensions will usually extend 5 working days beyond a scheduled GMEC). Residents who fail to demonstrate adequate improvement after two consecutive periods of probation generally will be recommended for an extension of training or termination by the program director under this policies due process procedures. Probationary status may end in a return to full training status, extension of training, resignation or termination from training.

A. The proposal for probation may be based upon one or more of the following and must be fully documented:

1. Failure to meet the Competency based academic, professional, military or technical performance standards of the program.

2. Lack of endeavor in the training program.
3. Lack of application of the resident's knowledge or skill.
4. Unprofessional conduct (medical and/or military).
5. Failure to correct deficiencies despite counseling and or program level remediation.
6. Regression or failure to progress after removal from program level remediation or formal probation despite counseling.
7. Severe disciplinary problems.
8. Evidence of substance abuse (in accordance with applicable Service regulations).
9. Incident of gross negligence or willful misconduct to include a violation of the UCMJ.
10. Other circumstances deemed significant by the program director and training committee.

B. To place a resident on probation, the program director must notify the resident that a proposal for probation is being considered. The program director and/or the program training committee will meet with the resident to discuss the proposal and to advise the resident of his/her right to due process under this policy. At this meeting, the resident can provide verbal feedback. After the meeting the resident will have a minimum of 5 working days to prepare any further written feedback for the program director/training committee.

C. If, after review of the resident's written response, the program director and/or program training committee decide to recommend probation, the program director and/or training committee will again meet with the resident and will inform the resident of the probation request that will be submitted to the Dean for presentation at the GMEC. This notification and a signed acknowledgment by the resident that he/she has been informed of the plan must be maintained in the resident's training file.

D. The program director's recommendation for probation should include the following:

1. Specific competency based reasons for the proposed probation including a description of the evaluation tools used to determine there is a competency problem and prior attempts to resolve the problem.
2. Proposed probation plan which includes: Recommended duration of probation; the steps for improvement during probation; Measurable endpoints for successful completion of probation; the resources available to the resident to help him/her accomplish the probation goals

and the possible outcomes at the end of the probation and consequences of not fixing the problems identified.

3. Documentation that the resident has been informed of the probation proposal and informed he/she has a right to give input to the GMEC.

4. The resident's written response, if any, to the probation proposal.

E. After review by the appropriate Associate Dean/Dean, the recommendation will be presented to a scheduled or ad hoc GMEC meeting. The resident has the option to attend the GMEC meeting or submit a written statement to the GMEC. No witness or legal representation is authorized at this meeting. A GMEC decision is determined by a simple majority vote of the voting members present.

1. If the GMEC votes to deny the recommendation, the program director will notify the resident of the GMEC decision verbally. The program director and the resident will meet with the Dean at which time they will be given GMEC decision in writing with specific comments as to what the plan of action for the resident should be now that probation has been denied. The Dean must document this meeting and an acknowledgment of the meeting, signed and dated by the resident, will be maintained in the resident's training file.

2. If the GMEC votes to accept the program director's recommendation, the program director will notify the resident of the GMEC decision. If the resident disagrees with the decision he/she will notify the Program Director and the Dean immediately. The positive educational remediation aspects of the probation plan will commence at that time and continue pending faculty board review. However, any adverse administrative components of the probation (such as patient care restrictions) will not be implemented until the Dean reviews these with the hospital commander. The hospital commander's decision on the administrative parts of the probation plan will be implemented pending completion of the faculty board review process. The Program Director will set up a meeting with the Dean, the program director and the resident to provide the resident the GMEC's decision in writing. The resident has the right to appeal the decision through a faculty board hearing (See paragraph XI). Request for a faculty board must be given, in writing, to the Dean within 5 working days of the meeting. Should an appeal process reverse the probation decision of the GMEC, the resident's training file will be amended to reflect that the resident was never put on probation for this matter. During the probation, the program director will assign a faculty advisor to assist the resident in the probation plan. If appropriate, voluntary medical, mental health, or learning disability evaluation will be offered to the resident at no cost to him/her resident during the probation period. Requests for evaluation outside the institution will be reviewed case-by-case and honored on the merits of the request. The resident will be responsible for all costs associated with outside evaluations. The program director will give progress reports to the GMEC of the resident's performance during probation if requested by the GMEC. These reports will be submitted to the Associate Dean and to the probated resident no later than 5 working days before the GMEC meeting at which it will be presented and there must be documentation that the resident has received a copy of the report. The resident may also submit a written statement on his/her behalf to the GMEC when a progress report is given by the Program Director.

F. Extension of probation period. An extension of probation can be recommended by the program director for up to an additional 3 months (period usually will go 5 working days beyond a scheduled GMEC). The Program Director will notify the resident that he/she is going to do this and the resident has the option to attend the GMEC meeting or submit a written statement to the committee. A GMEC decision is determined by a simple majority of the voting members present. If GMEC votes to approve the extension of probation, the program director will immediately so inform the resident. The Dean will notify the resident in writing of this decision. There is no appeal of an extension of probation since this is not considered a new or additional adverse academic action.

G. Probation will end in one of the following ways:

1. Return to normal training status: The program director and the program training committee may determine the resident's performance has improved and meets the stated terms for successful remediation i.e. all measurable endpoints have been achieved. The program director will then recommend the GMEC remove the resident from probation. Removal from probation requires a simple majority vote of the voting members present. Once approved by the GMEC, the Program Director will immediately notify the resident and the faculty and return the resident to normal training status. The Dean will provide the resident and program director with official written notification of the GMEC action.

2. Extension of training. (See paragraph IX.)

3. Termination. (See paragraph X.)

4. Resignation. (See paragraph XII.)

IX. Extension of Training. See Appendix I.

Extension of training may be necessary to 1] allow the resident make up missed training time to meet training time requirements of the RRC or specialty board or 2] to give the resident additional training time he/she needs to acquire the Knowledge Skills and Attitudes in the six general competencies necessary to be an independent practitioner. Extension in training requests are handled the same as probation requests. (See paragraph VIII.)

A. Usually, brief periods of absence from training can be accommodated without an extension of training as long as the absence does not interfere with the requisites for residency training and the resident is progressing appropriately. Occasionally an extension of training is necessary for training missed due to medical, personal or administrative reasons unrelated to poor performance. This would not be considered an adverse academic action.

B. Requests for extension in training because the resident needs extra training time to meet program standards usually follow a period of program level remediation and GMEC approved probation. This is considered an adverse academic action and the resident has the right to appeal the decision by the GMEC for an extension of training for academic deficiencies or other problems. The appeal is conducted through a faculty board hearing. (See paragraph XI.) SAUSHEC has residents from the Army, Air Force, and Navy. Each branch of uniformed military service will apply the appeal process of its respective service for SAUSHEC recommended extensions of training.

C. Since extension of training may affect future professional assignments, special pay, and/or military obligations, HQDA/OTSG (DASG-PSZ-MG) for Army residents and the HQ AFPC/DPAME for Air Force residents, must be notified as soon as a resident is being considered for extension and again when the Dean notifies the resident of the GMEC decision to recommend an extension of training.

X. Termination from Training. See Appendix II.

Termination is the most serious academic action and means the program director and training committee feel the resident will be unable to obtain the Knowledge Skills and Attitudes in the domains of the six General Competencies necessary to be a fully independent practitioner in their program. Termination will normally be considered only after a period of GMEC approved probation or after a single incident of gross negligence or willful misconduct. A recommendation for termination must be approved by a two-thirds vote of the GMEC voting members present.

A. Recommendation for termination must be based upon one of the following:

1. Failure to satisfactorily correct deficiencies while on probation.
2. Regression or failure to satisfactorily progress after removal from probation.
3. When continuation in training presents a hazard to patients.
4. Any evidence of gross negligence, willful misconduct or professional dishonesty that can include a pattern of past performance or a single act. Under these circumstances the resident may be placed on administrative duties and removed from patient care responsibilities until resolution of the termination process. Termination under these circumstances requires notification of appropriate hospital authorities.
5. Failure to meet significant military/professional milestones or requirements (determined by Service Regulation and Policy) despite documented attempts at remediation.
6. Other circumstances that indicate to the program director that the resident can not be successful in achieving the goals and objectives of the program

B. The program director must notify the resident that a proposal for termination is being considered. The program director and/or the program training committee will meet with the resident to discuss the proposal for termination and advise the resident of his/her right to due process under this policy. At this time the resident can provide verbal feedback to the program director and program committee. The resident will have a minimum of 5 working days to prepare any written feedback to the Program Director and training committee.

C. If, after review of the resident's input, the program director and program training committee decide to recommend termination, the program director will inform the resident with of the termination request, as it will be presented to the GMEC. A record of this notification including a signed acknowledgment by the resident must be maintained in the resident's training file.

D. A recommendation for termination to the GMEC should include the following:

1. Specific reasons for the proposed termination outlining the competencies that are not being achieved and the evaluation tools used to make this determination and a summary of past attempts to correct the problems including copies of previous probation request(s), if applicable.

2. Documentation the resident was notified of the termination proposal that will be presented at the GMEC.

3. The resident's response, if any, to the termination proposal.

E. The program director's recommendation will be reviewed by the appropriate Associate Dean and then presented to the GMEC at a scheduled or ad hoc GMEC meeting. A GMEC decision on termination is determined by a two-thirds vote of the voting members present. If the GMEC votes to deny the termination recommendation, the program director will immediately notify the resident. The Dean will meet with the program director and resident and review, in writing, the GMEC decision with specific recommendations as to how the Program Director is to proceed with regard to the resident and his/her training status. If the GMEC votes to accept the program director's termination recommendation, the program director will notify the resident of the GMEC decision and move the resident to administrative duties if this has not already been done. If the resident objects and plans to appeal, the Dean will meet with resident's commander who will determine what the residents status should be during the faculty board appeal process. If appropriate, voluntary medical, mental health or other support will be offered to the resident at no cost to the resident. Requests for evaluation outside the institution will be reviewed case-by-case and honored on the merits of the request. The resident will be responsible for all costs associated with outside evaluations. The program director will set up a meeting with the Dean, the program director and the resident and to provide the resident the GMEC's decision in writing. This meeting will be documented by the Dean and an acknowledgment signed and dated by the resident will be obtained, a copy of which will be maintained in the resident's training file. The resident has the right to appeal the GMEC's termination decision through a faculty board hearing (See paragraph XI). Request for a faculty board hearing must be given, in writing, to the Dean within 5 working days of the meeting. If the resident does not want a faculty board hearing the Dean will have the case reviewed by the Associate Dean of the opposite

uniformed service. At a minimum that associate Dean will review the documentation of the termination request, the resident's training file and interview the resident and the Program Director. If the Associate Dean concurs with the GMEC's termination recommendation, that will be the final GMEC decision that is forwarded to the resident's commander. If the Associate Dean disagrees with the GMEC recommendation the Dean will have that Associate Dean represent the case to the GMEC for a final vote. If 2/3 of the voting members present approve the termination this recommendation will be sent to the commander.

XI. Faculty Board Hearing

A. Preliminaries. Failure of the resident to attend the faculty board hearing constitutes a waiver by the resident of his/her right to participate in the hearing. If the resident asks to be present, but subsequently cannot attend the scheduled hearing and a reasonable delay would not make it possible for the resident to attend, then the faculty board hearing may proceed in the resident's absence. The circumstances and the necessity of proceeding with a faculty board hearing without the resident present will be clearly recorded in the minutes of the hearing.

B. Impartiality of faculty board. Adverse actions requiring a faculty board hearing are infrequent and will affect a resident's medical career; therefore, it is essential to provide an unbiased hearing for the resident and for SAUSHEC. Personnel participating in the faculty board hearing should be able to make a fair and impartial review of the evidence presented. Members of the medical staff are not automatically disqualified from participating in a faculty board hearing because they are personally acquainted with the resident or the program director or because they have some knowledge of the matters giving rise to the academic action but they should not have a preformed opinion on the matter. Any party may petition for disqualification of a member of the faculty board on the basis of bias, prejudice, or interest in the outcome of the proceeding. The Dean will make the final decision on faculty board membership.

C. Members of faculty board.

1. When a hearing is authorized under this policy, the Dean will appoint in writing qualified faculty to serve as members.

a. The faculty board must be composed of at least 3 but no more than 5 voting members and may include other program directors and faculty. At least 1/3 of the voting members will not have voted at the GMEC meeting that considered the issue under review.

b. The Dean will designate a chair, usually the ranking member of the faculty board.

c. A resident representative will be assigned by the Dean as a peer review non-voting member and will serve as an advisor to the Chair of the faculty board.

D. The following personnel should not serve as members of a faculty board:

1. A person (e.g., DME, program director, or MTF commander) who has influenced any part of an investigation or action against the resident.

2. A person who has served as a military investigating officer in the case.

3. A person whose testimony or recommendation has played a significant part in initiating the action involving the resident.

E. Actions to be considered by a faculty board.

Probation, extension of training or termination should be considered for the following (or similar circumstances):

1. Academic deficiency not corrected during remediation or regression after the end of remediation;

2. Single incident of gross negligence;

3. Pattern of inappropriate prescribing;

4. Pattern of substandard patient care;

5. Act of incompetence or negligence causing death or serious bodily injury;

6. Abuse of legal or illegal drugs or diagnosis of alcohol dependence;

7. Practitioner disability (i.e. psychiatric);

8. Unprofessional (medical or military) conduct.

9. Evidence of lack of application on the part of the resident to overcome deficiencies.

F. Procedure. The chairperson of the faculty board shall ensure compliance with the following hearing procedures.

1. The resident shall be provided with at least 5 working days' advance notice to gather evidence, to contact witnesses, and to prepare for the hearing. The chairperson will ensure that the resident understands the hearing procedure including his/her right to legal representation.

2. The resident has the right to consult legal counsel for advice on these issues. Legal council may be obtained from civilian (hired at the resident's expense) or military if allowed by service specific regulations. The faculty board hearing is administrative in nature and therefore during the hearing, the resident can consult with his/her legal counsel but his/her council may not address the faculty board directly.

3. All materials, documentation, and evidence shall be submitted to the Deans office prior to the hearing and early enough so that of the program director, the resident and the faculty board can have 5 working days to review the material. Parties may submit additional materials or documentation closer to the hearing, provided that the chair agrees on the nature, extent, and timing of such document submission.

4. The chairperson should consult with military legal counsel before conducting the hearing and is encouraged to have a military legal advisor present during the proceedings especially if legal counsel for the resident will be present at the hearing. These proceedings are not bound by formal rules of evidence or a strict procedural format because the hearing is administrative in nature. Therefore, the rules of evidence prescribed for trials and courts-martial are not applicable. During the hearing, the faculty board may question witnesses. The chairperson and his/her legal advisor are authorized to administer oaths to hearing personnel and witnesses. The faculty board can review and discuss any of the submitted documents during the hearing. A military investigation report for the MTF commander can be provided to the faculty board for their review and an investigating officer may present relevant documentary evidence and testimony at the faculty board hearing however, a military investigation should not be used as a substitute for an objective faculty board hearing review of the academic issues.

5. With the assistance of legal counsel the chairperson will arrange for orderly presentation of evidence. The chairperson, who may consult with the military legal advisor, should rule on any objections made by the resident on any of the witnesses or evidence.

a. The resident and program director may present evidence and witnesses in support of their respective positions and may ask questions of any of the witnesses under the direction of the Chair. In general, the resident and program director are entitled to hear all testimony and examine all evidence that is presented at the hearing. However, the Chair can excuse any participant in the hearing from certain portions of the hearing if the Chair feels this will improve the chances of the faculty board obtaining a complete picture of the issues.

b. The hearing will be closed to the public. Only those persons approved by the chair will be allowed to attend any or all of the proceedings. The hearing and its results are confidential and will not be discussed with or released to anyone without the approval of the Dean and only then on a strict need to know basis.

6. After evidence is presented the voting members of the faculty board and the resident advisor to the Chair should deliberate in secret and determine by majority vote (of the voting members) the recommendations. The chairperson will submit in writing a summary of the process followed during the proceedings and the recommendation of the board no more than 5 working days after the hearing. The faculty board members should bear in mind their responsibility to clearly document the factual basis for their recommendation(s). General statements and recommendations should be supported by specifically identified incidents or situations. Case histories relied upon should be tabbed as exhibits to the report and documented by copies of pertinent medical records where feasible. A minority report may be submitted if the faculty board recommendation is not unanimous. A record of the faculty board's report will be maintained in the appropriate GME office as part of the residents records.

G. Faculty Board Recommendations

1. Probation or extension of training. If the recommendation is for probation or extension of training, this is referred to the Dean for final action. (See paragraph VIII and IX.)

2. Termination: If the recommendation is for termination, this is referred through the Dean to the MTF commander for final action.

a. The MTF commander will approve, modify, or disapprove the recommendation of the faculty board and will direct appropriate action. The MTF commander may also recommend sending a resident case back to the faculty board for further review.

b. The Dean shall notify the resident in writing of the MTF commander's decision. If the decision is for termination, the resident shall have 5 working days from receipt of the MTF commander's decision to prepare a written request for reconsideration of that decision. After receipt and examination of a request for reconsideration the MTF commander may revoke the decision to terminate and place the resident on a defined period of probation with a recommended plan of remediation, or he may affirm the decision to terminate. The result of the MTF commander's decision to terminate will be forwarded to HQDA/OTSG (DASG-PSZ-MG) for Army residents and to HQAFPC/DPAME for Air Force residents.

c. Appeal of SAUSHEC decision for termination. SAUSHEC has residents from the Army, Air Force, and Navy. Each branch of uniformed military service will apply their appeal process to SAUSHEC for termination recommendations.

XII. Resident Resignation. Residents may submit a written request to their program director for resignation from a program. The request will be considered by the program director, program training committee and forwarded to the Dean with the program's recommendation which will state whether the program supports the residents request including the proposed effective date of the resignation; the circumstances of the resignation; whether or not performance has been satisfactory up to the time of resignation; how many months of training have been successfully completed by the resident; and whether the resident will be recommended for future GME training in the same specialty or a different specialty. This statement will be provided to the resident and the resident will acknowledge receipt of the statement. The GMEC will review the resident's request, the Program's recommendation and will make recommendations that the Dean will write up and forward to the resident and to the MTF commander for his/her decision. The MTF commander's recommendation will be forwarded to HQDA/OTSG (DASG-PSZ-MG) for Army residents and to HQAFPC/DPAME for Air Force residents.

XIII. Reporting Adverse Actions. When required by Department of Defense regulations or by the specific uniformed service of the resident, adverse actions--to include probation, extension of training, and/or termination--will be reported by SAUSHEC to the MTF credentials office, service specific medical commands, and to HQDA/OTSG (DASG-PSZ-MG) for Army residents and to HQAFPC/DPAME for Air Force residents. The Office of the Surgeon General of the

Army of the Air Force will determine if adverse actions should be reported to civilian agencies to include state licensing boards and the National Practitioner Data Bank.

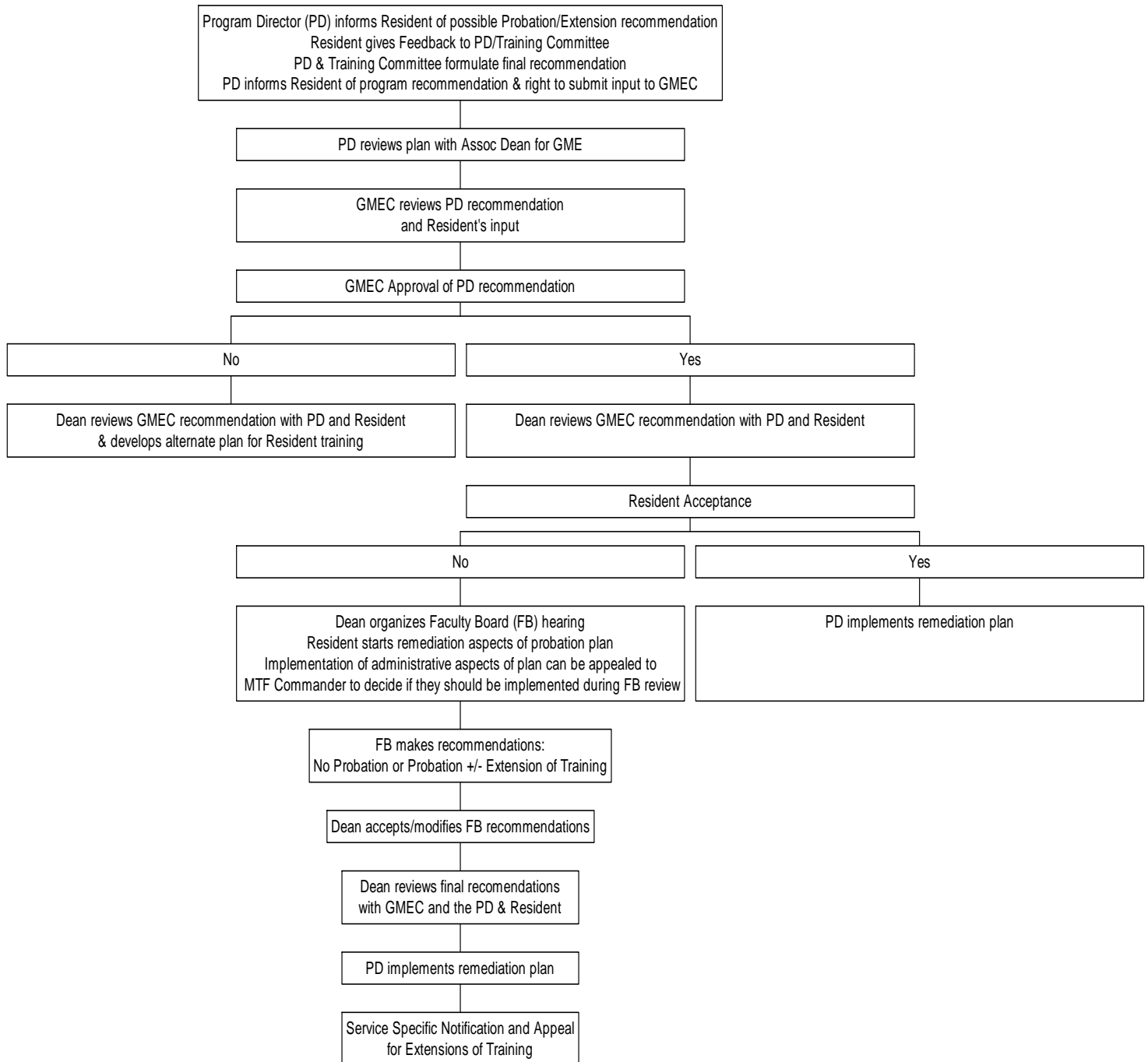
XIV. Re-Entry Into GME. Once a resident leaves a GME training program by resignation or termination, there is no option for reinstatement by the institution. The physician may only pursue further GME training through application and selection by a designated GME Selection Board. Applicants must meet all current eligibility requirements when submitting such an application.

References

1. Army Regulation 351-3, July 01
2. Army Regulation 40-68 w/IC 101, Section 4-9, 4-10, 26 Jun 91
3. Army memorandum, MCHO-ME-GME, 26 May 98, Subject: Compliance with Army Medical Licensure Requirements for Participation in Graduate Medical Education (GME)
4. Air Force Instruction 41-117, 23 Apr 01
5. National Capital Consortium Handbook, Uniformed Services University of Health Sciences, "G. Policy on Adverse Actions and Due Process", pgs 23-29, <http://www.usuhs/gme/ncc.htm>, 5 May 2000.
6. University of Washington Resident Physician Policy, pgs 10-20, 2000-2001

APPENDIX I

Probation or Extension of Training Process



APPENDIX II

Termination Process

